

Colorectal Surgery in Cirrhotic Patients: Assessment of Operative Morbidity and Mortality

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| Résumé en anglais | <p>Purpose The morbidity from colorectal surgery can be high and increases for patients with cirrhosis of the liver. This study was designed to assess morbidity, mortality, and prognostic factors for patients with cirrhosis undergoing colorectal surgery. Methods From 1993 to 2006, 41 cirrhotic patients underwent 43 colorectal procedures and were included. Both univariate and multivariate analyses were performed to identify variables influencing morbidity and mortality. Results Postoperative morbidity was 77 percent (33/43). Postoperative mortality was 26 percent (11/43) among whom six patients (54 percent) underwent emergency surgery. Four factors influenced mortality on univariate analysis: presence of peritonitis ($P < 0.05$), postoperative complications ($P < 0.04$), postoperative infections ($P < 0.01$), and total colectomy procedures ($P < 0.02$). On multivariate analysis, the only factor influencing mortality was postoperative infection ($P < 0.04$). The only factor influencing morbidity was the existence of preoperative ascites ($P < 0.04$). Conclusions Colorectal surgery for cirrhotic patients has a high risk of morbidity and mortality. This risk is associated with the presence of infection, ascitic decompensation, and the urgent or extensive nature of the procedure. The optimization of patients through selection and preparation reduces operative risk.</p> |
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